



United States Senate

WASHINGTON, DC 20510-4705

Statement of Senator Maria Cantwell
CARES Hearing
Vancouver Campus, Portland VA Medical Center
Vancouver, Washington
September 26, 2003

I regret that I am not able to join you today for this important hearing. I appreciate the opportunity to submit written testimony on behalf of over 672,000 veterans in Washington state.

I am acutely aware of the challenges that the CARES Commission faces as it seeks to determine how best to provide care to veterans over the next several decades. As we move forward in this process, I believe that we must always remember that our veterans are one of the greatest assets of this country. These brave men and women have made tremendous sacrifices to defend and preserve our great nation, along with our freedoms and our way of life.

While it is easy to talk about the importance of veterans, we must always back up our talk with action to show veterans that we do truly value them and their families. As such, it is imperative that we guarantee quality and affordable health care for all veterans and provide the Department of Veterans Affairs (VA) with the resources to do this task. Throughout my state, I have heard from thousands of veterans who have told me about the high quality of care that they have received in VA hospitals.

Although I am pleased that veterans in my state are receiving this care, I share their concerns about the delays, waiting times and long distances many must drive for such care. One of my constituents from Spokane recently shared his experience with me. He was referred to the Walla Walla VA Medical Center by the Spokane VA hospital where he normally receives care. After waiting for his first appointment for six months, it was discovered that he had a respiratory problem that caused him to stop breathing in his sleep. Despite the discovery of this very serious problem, it took another four months for him to receive a follow-up appointment.

This is absolutely unacceptable. We should not treat our nation's heroes in this manner. I am working hard with my colleagues in Congress to provide the VA with the resources it needs to reduce these delays and to continue to provide excellent care. Any proposal from this Commission must provide details about how the Commission intends to decrease waiting time without compromising care.

Given my efforts to decrease the time it takes for veterans to receive medical attention, I was shocked and saddened by reports that the VA was considering closing three veteran's hospitals in my state: American Lake, Walla Walla and Vancouver.

While I am pleased that the VA has decided not to close American Lake, I remain concerned about the fate of the Walla Walla and Vancouver facilities and strongly object to closing these facilities.

Closing these facilities will only exacerbate the problem that veterans face in my state . Over 200,000 Washington veterans are over the age of 65 and veterans constitute over 30 percent of our total elderly population. The Washington State Department of Veterans Affairs predicts that the number of veterans here will rise considerably in future years. With more and more veterans making Washington state their home, it is absolutely imperative that we provide the necessary services.

I understand that changes may need to be made to existing veterans' facilities and I am pleased that the Commission is conducting these field hearings and obtaining comments from veterans on suggested changes to VA facilities. I have asked veterans in my state to contact me with their experiences, concerns and suggestions for how such changes should be made. I have received mail from hundreds of Washington state veterans and I am including these letters with my testimony for the Commission's review in conjunction with my testimony.

Not surprisingly, the biggest concern that my constituents have is to ensure that veterans continue to receive high quality care. I understand that there have also been discussions about contracting out nursing home services to the greater community. The Vancouver VA nursing home provides a great deal of skilled care and rehabilitative services. This work is essential to my constituents who are suffering from strokes, Multiple Sclerosis, Spinal Cord and other injuries. Dealing with such injuries can be devastating to a service member and his or her family member. The least that we can do for them is to guarantee that veterans continue to receive the high quality of care that they currently receive and to which they are entitled. We must ensure that there are enough medical providers to provide care to veterans wherever and whenever necessary. I encourage the CARES Commission to work with the VA hospitals in my state as well as the Washington State Department of Veterans Affairs and veterans organizations to ensure that these services are available, and supported by quantifiable data.

I am also concerned about proposals to relocate outpatient services away from the Vancouver campus. I have heard from my constituents about the long drives many of them take before receiving medical attention. I have heard concerns from veterans who are uncomfortable driving to and finding parking at the Portland VA facility. We need to make it as easy as possible for veterans to access all of the services that they need in a safe and timely manner.

In addition to ensuring quality care for veterans, I believe we must also consider the hard working employees who have dedicated their lives to caring for these veterans and for their service to the public. In a time when our economy has lost three million jobs in three years, we cannot afford to put good, hard working people out of work. These workers are knowledgeable about the specific circumstances facing veterans and have a great deal of expertise that should continue to be utilized. The Commission needs to

quantify how these outsourcing changes will impact veterans, the quality of care they receive, and the effect on waiting periods for medical attention. Without having this detailed information, I am skeptical about forward in this manner.

I sincerely hope that the Commission takes the time it needs to study all of the testimony and comments from veterans throughout the country. This is an opportunity for our nation to rise up and provide the care that our veterans have been promised. I look forward to working with the Commission to accomplish this goal.

TROY FRANKSON, STAFFER

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September 25, 2003

Mr. Richard E. Larson
Executive Director
CARES Commission
810 Vermont Avenue, NW
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Dear Director Larson,

This letter is submitted to you as written testimony for the Capital Asset Realignment for Enhanced Services (CARES) hearings to be held in Vancouver, WA on September 26, 2003 and in Walla Walla, WA on September 29, 2003. I regret that I am unable to attend these hearings, but I would like to thank the Commission for allowing my staff to deliver these remarks. Furthermore, I am grateful that the Commission has scheduled an additional hearing in Medford, OR on October 3, 2003 regarding the Southern Oregon Rehabilitation Center and Clinics (VA SORCC). These are valuable opportunities to have the voices of Oregon's veterans be heard.

By way of a delegation letter to the Commission, a joint letter with Senator Gordon Smith to Secretary Anthony Principi, and personal correspondence and conversations with the Secretary, I have voiced my concerns regarding the proposed realignment of services within Veterans Integrated Service Network (VISN) 20. Veterans residing in my district have voiced similar concerns and confusion with the CARES recommendations affecting VAMC Portland (Vancouver Campus), VAMC Walla Walla and VA SORCC.

The underlying premise of CARES is to enhance veterans' access to care. In Phase 2 of the CARES process, VISN 20 stakeholders came together and identified the need to expand and invest in the future of veterans' health care in the region. Now it seems that the groundwork laid then has been disregarded in the wake of seismic issues and facility maintenance costs, and outsourcing options.

These issues should rightfully be addressed by this process, but not at the detriment of Oregon's veterans. I have met with administrators and learned firsthand of the significant loss of service, and excessive costs, posed by many of these recommendations. There are viable, affordable replacement plans for this aging infrastructure that would improve the quality of and access to care for all veterans, both now and in the future.

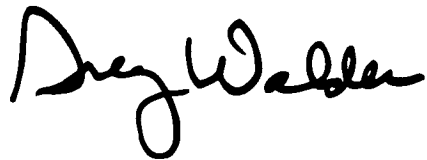
Director Richard E. Larson
September 25, 2003
Page Two

Without the benefit of primary and specialty care at the Vancouver campus and additional Community Based Outreach Clinics (CBOC), VAMC Portland will be unable to meet an ever-growing demand for services. Even though inpatient acute care and nursing home care levels at VAMC Walla Walla do not meet with target requirements, I believe it is vital that any realignment of those services guarantees access through permanent local community health care partnerships. Primary care services there would also benefit from the addition of a CBOC.

Finally, the potential loss of domiciliary programs at VA SORCC would destroy a national recognized model for residential rehabilitation treatment and jeopardize the future of that facility as a whole. That seems a bitter reward to a facility that leads the VISN in customer satisfaction, as well as being the second-most cost efficient in the entire VA health care system.

Once again, thank you for the opportunity to air my concerns in this matter. I urge the Commission to carefully reconsider the proposals of the Draft National CARES Plan. I cannot abide by any decision that would curtail health care services to these brave men and women who have served our country so proudly.

Sincerely,

A handwritten signature in black ink, appearing to read "Greg Waddell". The signature is fluid and cursive, with the first name "Greg" and last name "Waddell" clearly distinguishable.

United States Senate

WASHINGTON, DC 20510-4704

STATEMENT

Senator Patty Murray

United States Senator

A

Department of Veterans Affairs' Capital Asset Realignment for Enhanced Services Initiative

Vancouver, WA -- September 26, 2003

Let me begin by thanking the CARES Commission for coming to Vancouver today. I appreciate the task before you including your consideration of the important Vancouver VA facility. Though I wish your visit were under different circumstances, this community and the State of Washington is honored to host such a distinguished group of veterans and veterans' advocates.

I also want to thank all of the veterans here today. We are here to discuss your VA facility and your access to health care in your community. I congratulate the veterans in Southwest Washington who have rallied to support the Vancouver VA facility.

Mr. Chairman, I want the Commission to know that I have visited this Vancouver VA facility several times, most recently in August. And I know that the Vancouver facility is staffed by dedicated public servants who do wonderful work on behalf of our veterans.

I support of the idea behind CARES. I think it's important that we realign services so we can better meet the needs of our veterans. Like the witnesses at today's hearing, I am committed to supporting a robust VA health care system in which our veterans receive the highest quality care in a timely fashion.

Unfortunately, I now fear the CARES process is losing its legitimacy. The Draft Report presented to the Commission by the Department of Veterans Affairs has been undermined by the VA itself.

As we all know -- under the CARES initiative -- the Department of Veterans Affairs asked its regional offices to study the health care needs of local veterans and to develop a plan to meet those needs.

VA planners in the field are to be commended for the excellent way in which stakeholders were involved in the CARES planning. However, as this process moved forward, there have been some troubling revelations, including the fact that stakeholder input has been seriously compromised.

Local experts in the VISN 20 region, which includes Alaska, Idaho, Oregon, and Washington, submitted a plan several months ago just as their counterparts did all across the

Vancouver is the fastest growing area of the Metropolitan Portland region. Veterans make up more than 11 percent of the Vancouver and Clark County population. Patient numbers have risen 17 percent this year at the combined Portland/Vancouver medical center – more than three times as fast as usual.

The Vancouver campus was constructed in part to alleviate the long delays at the Portland facility. Currently, there are over 5,000 veterans in the Portland VA system currently waiting to see a primary care physician. If the Vancouver campus is closed, Portland will be forced to pick up those patients further overburdening an already overwhelmed facility.

While the Portland facility offers no room for growth, the Vancouver campus has room to grow with our expanding veteran population. In fact, the City, Clark County, and the VA have been working for years to create an enhanced use facility that would compliment the services at the Vancouver facility.

Now, just a few weeks before the issuing of construction bonds, this plan may be in jeopardy. So, instead of the creative community-based partnerships that were proposed, the VA will potentially shut this facility in the fastest growing area of Metropolitan Portland.

Finally, long-term care is a major function of the Vancouver facility and part of the revised CARES plan involves transferring the 72 beds in Vancouver for nursing home and rehabilitation to other facilities.

The Commission should be aware there are no private nursing home facilities available in the area that are capable of handling the advanced needs of VA patients, or the capacity that would be required if this facility were closed.

The commission should also consider that state budget crises in both Oregon and Washington that have resulted in overburdened hospitals and urgent care clinics.

In closing, I implore the members of the Commission to take a fresh look at the overall CARES process. I encourage you to review closely the original VISN 20 submission prior to the interference from VA headquarters. The Vancouver facility should be enhanced to meet the diverse needs of this region's growing veterans' population

I again thank the members of the commission for coming to Vancouver. We have a tremendous interest in the challenge before you and we look forward to working closely with you and the VA.

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September 19, 2003

Richard E. Larson, Executive Director
CARES Commission, (00CARES)
810 Vermont Avenue, NW
Washington, DC 20480

Dear Director Larson,

I submit this letter as written testimony for the National Capital Asset Realignment for Enhanced Services (CARES) hearing to be held in Vancouver, WA on September 26th, 2003. This letter is meant to extend my position stated on a letter from the delegation regarding the CARES restructuring. I strongly urge your commission to reconsider the possible closure of the Vancouver VA Medical Center and the White City Domiciliary. Both of these facilities are integral parts of the comprehensive care we have promised to our nation's veterans.

It is my fear, and the fear of many of my constituents that the closure of these facilities under this realignment will result in an increased reliance on fee-based care, longer waiting periods for primary care, and a misuse of infrastructure resources that are available to serve those who have served our nation. Moreover, the closure of services in Vancouver would likely result in less access to compensation and pension examinations that currently take place in that facility, slowing down the VA Regional Office's ability to adjudicate claims for pension and disability.

Closing the Vancouver VA facility would stimulate a dramatic increase in the number of those wishing to receive care in Portland. The inconvenience of this commute and the uncertainty surrounding future upgrades to the Portland system, make the Vancouver Medical Center all the more relevant to the long-term care of our veterans.

I also want to express my desire to see comprehensive domiciliary care for our most desperate veterans be left completely intact. Many of our substance abusing and jobless/homeless veterans require high-level inpatient care in order to overcome the difficulties that have been placed in front of them.

The domiciliary in White City is a substance abuse treatment, housing, and vocational rehabilitation success story. To suggest that those services could simply be outsourced to the private sector or absorbed somewhere else in the VA Medical system is to ignore the comprehensive needs of our most afflicted veterans. I find it remarkable that White City

has been proposed for closure while no clear contingency plan for domiciliary care has been offered.

I thank you for this opportunity to express my concerns regarding the CARES initiative. I cannot support a plan that will ultimately lead to a reduction in services to veterans.

Sincerely,

A handwritten signature in black ink, reading "Earl Blumenauer". The signature is written in a cursive, flowing style with a large initial "E".

Earl Blumenauer
Member of Congress

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United States Senate

WASHINGTON, DC 20510-3703

September 12, 2003

Mr. Richard E. Larson
Executive Director
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Dear Mr. Larson:

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I am writing regarding recent announcements that the Veterans Affairs (VA) CARES Commission (the commission) will be holding hearings September 26 in Vancouver, WA and September 29 in Walla Walla, WA to discuss the future of the White City Domiciliary in White City, OR and the Jonathan M. Wainwright Memorial VA Medical Center in Walla Walla, WA. It has come to my attention that the commission, which will determine how veterans throughout Oregon will access health care services in the future, does not intend to allow veterans to testify at these hearings. I want to take this opportunity to express my serious reservations with this decision and to urge you, in the strongest possible terms, to reconsider your decision to shut veterans and the public out of this process that directly affects their well being.

The White City Domiciliary provides general medicine and mental health care to over 9,000 veterans, focusing specifically on underserved populations. These populations include the homeless, those who suffer from chronic mental illness, and the chemically dependent. Additionally, the White City Domiciliary currently is housing approximately 120 long-term veterans who are unable to function outside the Domiciliary.

The VA hospital in Walla Walla has 66 authorized beds, including a 30-bed nursing home care unit and a 22-bed psychiatry and substance abuse residential rehabilitation treatment program. The facility serves a 42,000 square mile area and, if closed, veterans in northeastern Oregon would be forced to travel great distances to receive care, placing a significant burden on patients who reside in an already isolated area of the state. A veteran in Union, OR, for example, is 100 miles from Walla Walla, but 160 miles from Boise, ID, the next nearest VA facility.

I am further concerned that few details have been made available regarding the hearings, which were scheduled with scant notice to the public or to veterans. While there has been some general information made available concerning the issues to be discussed by the commission, county veterans service officers have told members of my staff that even they were never notified of the hearings. My office was made aware of the hearings only after attending a briefing at the facility in Walla Walla in August.

9/12/03

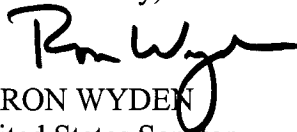
page 2

People in the Pacific Northwest expect the highest degree of accountability and openness at every level of government. Public hearings are a regular occurrence here, and it is highly unusual for one to be held without giving the people affected by the policy being discussed a chance to testify. Allowing individuals to submit written comments only does not encourage public participation, and could have the effect of reducing attendance at the hearings and restricting the submission of important information which might help the commission make the most informed decision possible. It may also lead to a perception that the commission is not interested in hearing from those most affected by the commission, namely the veterans themselves.

When I held town meetings in Union, Wallowa, and Baker counties last month, more than half of those attending were veterans expressing concerns about the future of their health care at VA facilities. One of the members of my staff recently asked a member of the commission's staff why individual veterans would not be able to give testimony at the hearings. He was told "this isn't a town hall meeting." That's not the way democracy is supposed to work, least of all for the men and women who fought and sacrificed for this democratic nation.

Veterans are being told that their access to health care may change, and they cannot fully participate in hearings being held to decide the future of the VA's health care system. That is no way to treat people who have put their lives on the line for our country, and I urge you to allow individual veterans to participate in these hearings to the fullest extent possible. I look forward to your prompt response.

Sincerely,

A handwritten signature in black ink, appearing to read "Ron Wyden", with a stylized flourish at the end.

RON WYDEN
United States Senator